

Secretary Duncan have changed the tone in the education community. Last Friday, David Brooks used his column in the New York Times to praise the President and the Secretary for their efforts in raising the bar on education reform. Partnering with Congress, they have set high standards and are providing \$5 billion in competitive grants to those States that can best demonstrate their commitment to reform. As a result, there is real excitement among the States to put their best education reform foot forward as they gear up for the competition for these grants.

At a time when the U.S. is falling behind other countries in educational attainment and at a time when State budgets are stretched thin, we need to focus more, not less, on strengthening education in our country to enable us to compete in the global economy.

HEALTH CARE

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, last month, President Obama stood right behind me here in our Chamber and delivered an address to a joint session of Congress in which he said, "Anyone who mischaracterizes our bill, we will call you out." His next line was, "I will not accept the status quo."

Well, Mr. Speaker, we all know that no one—no one—wants to accept the status quo. I've been listening to my California constituents, and they've been saying that we need to have exactly what our colleague from Washington (Mrs. McMORRIS RODGERS) described as a step-by-step approach. They know and understand that a massive government takeover of health care is not the answer to our problem; in fact, it could exacerbate the problem, especially with the proposed Medicare cuts that will hurt our seniors.

We need to do things like allow people to purchase insurance across State lines, giving them a chance to have the best quality product at the lowest possible price. We need real medical liability reform, which, according to the Congressional Budget Office, will bring about a savings of \$54 billion. We need to have the step-by-step approach that Mrs. McMORRIS RODGERS said that we need. Let's make it happen.

HEALTH CARE

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, we are so close to achieving quality, affordable and accessible health care for all Americans.

If we were playing football, the team in support of consumer choice, the public option, is in the red zone, and we are determined not to go three-and-out as we've done for the last six decades.

At last, we are going to take health care reform with a robust public option right across the goal line. Yesterday, the Senate Majority Leader helped "move the chains" when he inserted a strong public option in the Senate health care bill. This move down the field positions us one step closer to meaningful reform.

Now my colleagues in the House and I are keeping our offensive line strong in support of a robust public option, but it's time to score this touchdown for the American people, for the middle class, for working people and the young people, including those in the Hillside program at Central High School who bear the burden and brunt of this failed health care system.

The status quo is unacceptable and it's a losing strategy. Including a robust public health option is real consumer choice; it's the logical option to scoring the goal and achieving success.

FUTURE ACCESS TO QUALITY HEALTH CARE

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS. Mr. Speaker, I rise today to address the looming health care debate here in Washington, D.C.

The American people know the truth about the Democrat health care proposal. We know that it's full of mandates, full of taxes, and will result in further job losses, but it also cuts reimbursement to physicians and hospitals and creates an even larger access problem.

In the proposed health care reforms, congressional Democrats are racing to create an unsustainable government-run health care plan that would reimburse physicians and hospitals no more than 30 to 60 percent of market rates.

Public safety-net hospitals like Parkland Hospital—which serves as a critical health care provider to many in Dallas, Texas—need to keep their doors open to make this plan successful. My Republican colleagues and I believe that we need to guarantee physicians and hospitals adequate reimbursement for their services to ensure the American people have access to a delivery system that works—not mandates, not taxes, and not job losses.

HEALTH CARE

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise this afternoon to tell you about a constituent of mine who is waiting on Congress to pass comprehensive health insurance reform.

Karen Rozzell resides in Colonie, New York. She had to quit her job as a cashier because her diabetes got so bad she couldn't stand and she hasn't been able to find other work. When she left her job, she and her husband lost their in-

surance. They thought they could rely on COBRA, but it cost them too much and they were forced to let their insurance lapse. Her husband, a painter, doesn't have access to health insurance through his employment.

As a diabetic, Karen should be seeing a doctor regularly, but she doesn't. A couple of years ago she was hospitalized for a staph infection; she was only able to stay in the hospital until the infection was cleared up. She signed herself out before her doctors wanted her to because she knew she couldn't afford the cost. It took her years to pay that bill.

After living without insurance, her husband was diagnosed with chronic obstructive pulmonary disease, but the cost of his treatment and medication is out of reach for them. She told me she worries every time her husband sneezes.

No one in this country deserves to live in fear like this. We need health care reform.

CONGRESS—LISTEN TO THE VOICES OF THE AMERICAN PEOPLE

(Mr. McCOTTER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McCOTTER. In Michigan, the people know what the most important issue facing this Congress is: It's called jobs. My State has a 15.3 unemployment rate; it is expected to rise. And yet what we see in Congress is an unwillingness of the majority to listen to the concerns of the American people. They want this economy fixed; they want to provide for the livelihood of their families; they wish to pursue their happiness. And yet they watch a Congress that is willfully intent upon passing a partisan, government-run health care bill despite the voices of the American people.

I suggest that if we are to restore sanity and prosperity to these uncertain times, that this Congress start to listen to the voices of their constituents and start to act accordingly. That is why we have a representative government.

HEALTH CARE

(Mr. ELLISON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ELLISON. Mr. Speaker, need I remind this body that between the years 2000 and 2006, the party apposite controlled the White House, the House of Representatives, and the Senate. What did they do for the American people regarding health care? Nothing; nothing at all. They didn't do anything to help the American people. And now that the Democratic Caucus is within a hair's breadth of delivering real reform, all we hear about is death panels, sex school clinics, and now, oh, my